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EAST SUFFOLK COUNTY EDUCATION
COMMITTEE.



INSTITUTE OF SOCIAL
MEDICINE

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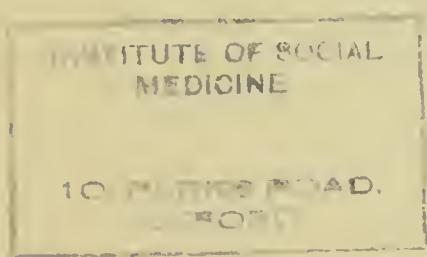
ANNUAL REPORT
OF THE
School Medical Officer

1949

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EAST SUFFOLK COUNTY EDUCATION COMMITTEE.



PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.

June, 1950.

To THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE.

My LORDS, LADIES AND GENTLEMEN,

I beg to submit my annual report upon the work of the School Health Service for 1949.

During the year the progress of co-ordinating the services provided under the Education Act, 1944 and those provided under the National Health Service Act, 1946, was continued, whilst, at the same time, the routine work of the School Health Service was carried on. The number of school medical inspections and cleanliness surveys was increased considerably and it is very satisfactory to note that the health of the school child has been maintained, whilst the figures for infestation once again show a substantial fall.

As against the progress recorded in the last paragraph, however, I have to report upon the very unsatisfactory state of the School Dental Service, due to the resignations of the Senior Dental Officer and of two of the three Assistant Dental Officers working in the County and the inability to make appointments to fill these vacancies. It will be recalled that with the coming into force of the National Health Service Act, 1946 the Education Committee agreed to increase the establishment of dental officers from five to six, in order that a single dental service would be available for both pre-school and school children. Now, due to the financial attractions of private dentistry, all that is left of this establishment is one dentist. This serious position is, of course, not limited to East Suffolk, but is one affecting the whole country and the problem can be solved only at national level. In the meantime it is a matter of great anxiety that a service which has been built up over so many years should disintegrate within the space of months and that damage to the nation's teeth of an irreparable nature should be brought about by the implementation of the good intentions of the National Health Service Act.

During the year the arrangement whereby the Education Committees of the East Suffolk County Council, West Suffolk County Council and Ipswich County Borough Council, jointly administered the Child Guidance Clinic, came to an end and the Regional Hospital Board set up a Department of Child Psychiatry to satisfy the demand for a service of this nature. The change-over was effected smoothly and I am glad to say a very happy relationship has been established with the Consultant Psychiatrist.

It will be noticed that this year I have been able to include a report of the activities of the School Health Service in the Excepted District of Lowestoft and I would like to express my appreciation of the co-operation at all times of the Borough School Medical Officer.

As in past years, I would like to record my thanks for the support and encouragement I have received from the Chairman and Members of the School Welfare Sub-Committee and the Chief Education Officer and his staff, both administrative and teaching. I would also like to record my appreciation of the work of my Deputy, Dr. S. T. G. Gray, who has given special attention to the function and organisation of the School Health Service, and of the way in which my staff, professional and clerical, have carried out their duties during the year.

I have the honour to be,

Your obedient servant,

H. ROGER,

School Medical Officer.

SCHOOL HEALTH SERVICE.

STAFF.

1. School Medical Officer:

H. Roger, M.A., M.B., CH.B., D.P.H.

Deputy School Medical Officer:

S. T. G. Gray, M.B., CH.B., D.P.H.

Assistant School Medical Officers:

H. C. G. Pedler, M.R.C.S., L.R.C.P., D.P.H.

C. H. Imrie, M.B., CH.B., D.P.H.

A. A. Gilmour, M.D., CH.B., D.P.H., resigned 11/6/49.

P. J. H. Clarke, B.Sc., M.B., B.C.H., D.P.H.

J. L. Patton, M.B., CH.B., C.P.H., D.P.H., resigned 17/3/49.

I. M. O. Allan, M.A., M.B., CH.B., D.P.H.

J. Sleigh, M.B., CH.B., D.P.H., from 10/5/49.

G. M. Cubie, M.B., CH.B., D.P.H., from 15/7/49.

M. A. Dawson, M.B., CH.B., D.P.H., from 25/4/49.

The aggregate of time given to School Health Service work is equivalent to the services of two and one-third full-time Officers.

Psychiatrist. G. S. Clouston, M.D., D.P.M., C.P.H., resigned 31/8/49.

The arrangement with West Suffolk County Council and the County Borough of Ipswich whereby this Authority shared the services of Dr. Clouston and his staff, ceased to operate, by mutual agreement, on the 30th September, 1949.

All children for whom Child Guidance treatment is recommended are now referred to the Clinic established by the Regional Hospital Board in Ipswich, which is administered by the Ipswich Group Hospital Management Committee.

Speech Therapists:

Miss M. A. Hoyle.

Miss M. K. B. Ryan, from 2/5/49.

School Dental Officers:

Mr. F. E. Street, L.D.S., Senior Dental Officer, resigned 31/10/49.

Mrs. J. M. W. Baikie, L.D.S., resigned 23/10/49.

Mr. C. D. Macpherson, L.D.S.

Mr. J. R. Toller, L.D.S., M.Sc.D. (Chicago), resigned 30/11/49.

County Nursing Officer:

Miss E. Stephenson.

School Nurses: Miss M. M. Pearson (also acting Orthopaedic Nurse), Miss S. J. Williams, Miss M. N. Hardingham, Miss K. Smith, Miss V. L. A. Jones, Miss M. Scott (part-time), Miss O. L. Swann (part-time), Mrs. V. H. Cuckow, Miss K. B. Gilham, Miss E. L. Almblad, from 1/9/49, Miss S. H. Leighton, from 1/9/49, Miss B. C. Broughton, from 7/3/49, Miss R. V. Stiles, from 26/9/49, Miss A. D. Packard, from 1/11/49.

The aggregate of time given to School Health Service work is equivalent to the services of 6 full time School Nurses.

Dental Attendants: Mrs. D. M. Willis, resigned 7/1/49, Miss D. E. Rudd, transferred to work in Lowestoft Excepted District from 23/10/49, Mrs. R. M. Langley, until 30/11/49, Miss E. E. Cable, Miss I. G. F. Watson until 30/11/49.

2. Co-operation with other Public Health Services.—With the transfer of responsibility for the direct provision of most forms of treatment from the Local Education Authority to the Regional Hospital Board, close co-operation with local Hospitals becomes essential if the School Health Service is to preserve a continuity of information regarding the medical history of individual children.

In this area much is being done in this direction but difficulties still exist in the way of complete interchange of information. It is hoped, however, that with good will on both sides these will be resolved.

A close and very satisfactory liaison already exists, of course, between the School Health Service and the Services provided by the County Council under the relevant provisions of the National Health Service Act, 1946.

PRIMARY, SECONDARY MODERN AND GRAMMAR SCHOOLS.

3. Hygiene and Sanitation in Schools.—In the schools in the larger towns in the County, the standards of hygiene and sanitation are generally fairly good, although the increasing number of pupils in attendance creates many difficulties regarding cloakrooms and toilet facilities. The position in the rural areas is entirely different, inadequate buildings, lack of piped water and the absence of sewers all contributing to the problem.

The bringing of a system of piped water to a village always raises hopes that the school will immediately be provided with running hot and cold water and flush toilets, but a piped water supply without a corresponding sewerage scheme, a state of affairs which often occurs, means that the waste water cannot be disposed of satisfactorily and so makes it impractical to effect any improvement in the school.

The proposals in the Development Plan must also be kept in mind and where a new school is contemplated, the modernisation of existing old buildings at large cost is a matter for very serious consideration. It is obvious that progress towards the ideal of a complete and up-to-date system of sanitation in every school will be very slow, especially while the need for economy in national expenditure continues to exist, but by keeping existing facilities in an efficient condition much can be done to alleviate what is, without doubt, an unsatisfactory state of affairs.

4. Medical Inspection in Schools.—The area of the administrative County for school purposes, excluding the Borough of Lowestoft, is 544,445 acres, with a population of 163,371 (1931 census), 210 schools in the County are under the control of the Education Committee (194 Primary, 9 Secondary Modern and 7 Secondary Grammar).

The number of children on the school register at the end of the December term was 20,749.

East Suffolk
(excluding Lowestoft).

1947	...	...	19,597 (including 1,665 at Secondary Grammar Schools).
1948	...	...	20,704 (including 1,685 at Secondary Grammar Schools).
1949	...	...	20,749 (including 1,701 at Secondary Grammar Schools).

(a) Routine Medical Inspection.—The following routine examinations were made during the year:—

		1949.	1948.	1947.
Entrants	...	3,412	2,784	2,514
Second Age Group	...	1,929	1,948	1,863
Third Age Group	...	1,765	1,464	816

(b) Other Inspections.

Special Examinations and Re-examinations		3,188*
Total	...	10,294

*Special examinations, 150

Total number of individual children examined was 10,143

5. Findings of Medical Inspection.

(a)

Number of Children examined.	GENERAL CONDITION.						
	Good.		Fair.		Poor.		
	No.	Per-cent.	No.	Per-cent.	No.	Per-cent.	
1948	6196	2810	45.35	3155	50.92	231	3.72
1949	7106	1747	24.58	5178	72.86	181	2.54

(b) Uncleanliness.

Vermian Tables.

	No. of Visits to Schools by School Nurses.	No. of homes visited.	Number of Examinations by School Nurses.			Number of Children examined and found verminous.					
						New Cases, for first time.			Individual Repeat Cases.		
			Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1944	1006	191	31665	32422	64087	130	383	513	27	130	157
1945	749	70	24771	23819	48590	162	442	604	41	131	172
1946	601	157	16947	16524	33471	311	779	1090	140	585	725
1947	876	290	22032	22470	44502	190	497	687	171	586	757
1948	830	301	22909	23198	46107	123	314	437	61	193	254
1949	890	198	26599	26682	53231	90	261	351	77	243	320

The number of children found to be verminous for each 1,000 head examinations was:—

1944	...	...	14.7
1945	...	...	15.97
1946	...	...	32.5
1947	...	...	15.43
1948	...	...	9.48
1949	...	...	6.62

(c) *Ringworm of the Head.*—No cases of ringworm of the head were diagnosed or treated through the School Health Service during 1949.

(d) *Visual Defects and External Eye Diseases.*

Year.	Defective Vision.		
	Referred for Treatment.	Observation Cases.	
1948	...	159	608
1949	...	161	456

Year.	External Eye Disease.		
	Referred for Treatment.	Observation Cases.	
1948	...	1	21
1949	...	4	29

(e) Nose and Throat Defects.

Year.	Tonsils and Adenoids.		
	Referred for Treatment.	Observation Cases.	
1948	136	316	
1949	193	474	

6. Following Up.

311 visits were paid by the School Nurses to the homes of children whose parents had been advised, at routine medical inspections, to take action regarding defects noted by the Assistant School Medical Officers. In nearly all cases the action recommended was a consultation with the family doctor, whose opinion and co-operation are vital factors in ensuring and maintaining the health of the school child.

7. Medical Treatment.

(a) *Minor Ailments and Diseases of the Skin.*—There are no Minor Ailment Clinics in the County, and children suffering from these conditions were referred to their private Medical Practitioner when treatment was required.

(b) *Visual Defects and External Eye Diseases:*—

Until the 1st January, 1949, the treatment of visual defects, i.e., eye-testing and the prescription of spectacles, was carried out by the Assistant School Medical Officers in the schools, often in very unsatisfactory conditions. When the Supplementary Ophthalmic Service was set up under the provisions of the National Health Service Act, 1946, it was considered desirable to arrange that the full facilities of this Service should be utilised for children attending schools maintained by this Authority. From the beginning of this year, therefore, all children considered at school medical inspections to require eye-testing were referred to their family doctors for advice and any necessary action regarding consultations with ophthalmic medical practitioners or ophthalmic opticians.

This arrangement will continue until such time as the Regional Hospital Board takes over the ophthalmic work for school-children and establishes special clinics for this purpose in accordance with proposals made some time ago by the Ministry of Health. It will be seen, therefore, that since this work has ceased to be controlled by this Authority, no accurate statistics are available and it can only be said that the arrangements appear to be operating very satisfactorily except that owing to the demands made by the general public on this Service all over the country, there is inevitably some delay in the supply of spectacles which have been prescribed. It can be assumed, however, that the situation will improve as the supply of frames and lenses overtakes the demand and indeed there are already indications that this process is well under way.

(c) Nose and Throat Defects.

Tonsils and Adenoids.

	Referred for Treat- ment.	Observa- tion Cases.	Treated through Education Committee.	Treated on own responsi- bility.	Total Number Treated.	School Roll.	Per- centage.
1948	328	316	169	25	194	20704	0.93
1949	229	474	81	9	90	20749	0.43

Of the total of 229 cases referred for treatment under the arrangements made by the Education Authority, 193 were found at medical inspections and were referred by School Medical Officers, the remaining 36 by private medical practitioners.

(d) Dental Inspection and Treatment.

The statistics given at the end of this Report show the serious decline in the amount of work which it has been possible to carry out through the School Dental Service during the year 1949. Of the four Dental Officers on the staff at the beginning of the year, three, including Mr. F. E. Street, the Senior Dental Officer, resigned their appointments during October and November and it was not found possible to replace any of them.

In order to make the best use of the time of the remaining Dental Officer, Mr. C. D. Macpherson, it was decided to arrange for him to work in the larger centres of population and the bigger schools within a reasonable radius of Ipswich and Woodbridge. This, of course, means that a considerable number of schools in the county will be neither inspected nor treated until the staffing position improves and children at those schools requiring dental treatment can only hope to obtain it from a private dental surgeon under the provisions of the National Health Service Act, 1946.

In September, a dental clinic was opened at the East Suffolk and Ipswich Hospital, the dental surgeon attending one day a week, the clinic at the Hospital being made available for this purpose by the courtesy of the Hospital Management Committee. Patients attending have included some of the priority groups (expectant and nursing mothers and children under 5 years) under the National Health Service Act, 1946, and children from schools in the nearby County districts who required emergency treatment of various kinds. Because of the lack of staff it has not yet been possible to open the proposed clinic at Leiston, but this could be done at very short notice, should the position improve, as it can only be hoped will happen within a reasonable time.

(e) *Orthopaedic and Postural Defects.*

ORTHOPAEDIC TREATMENT.

	1949.	1948.	1947.
No. of cases on Register 31st December	130	150	148
No. of home visits by Orthopaedic Nurse	75	166	209
No. of treatments by ,, ,,	150	182	271
No. of attendees at Remedial Exercise Sessions 	176	234	201
Hospital Treatment :—	1949.	1948.	1947.
No. of in-patients 	4	12	12
No. of out-patients visits 	194	356	326
Individual children as out-patients 	123	138	109

(f) *Child Guidance.*

The Ipswich Group Hospital Management Committee's Consultant Psychiatrist, Dr. J. G. Howells, has kindly submitted the following short statistical summary of the work carried out by his Department during the year in respect of children residing in the Committee's area:—

New Cases, 31.

Referred by:	Juvenile Court	...	2
	Speech Therapist	...	2
	School Medical Officer	...	10
	Head Teachers	...	6
	Chief Education Officer	...	3
	Norwich Psychiatrist	...	1
	General Practitioners	...	6
	Dr. Barnardo's	...	1
		—	31

Clinic Interviews: 339. School Visits: 33. Home Visits: 22.

(g) *Speech Therapy.*

During the year a second Speech Therapist, Miss M. K. B. Ryan, was appointed and her efforts, together with those of Miss M. Hoyle, have made possible considerable progress in this extremely important work of the School Health Service. By the 31st December regular clinics were being held in premises situated in the towns listed below.

Beccles	Leiston
Bungay	Stowmarket
Felixstowe	Stradbrooke
Framlingham	Woodbridge
Halesworth	Ipswich (County Hall)

In addition, Miss Hoyle devotes one day a week to work in the Excepted District of Lowestoft. The following Table shows the amount of work done during the year and the types of defect which were dealt with.

Total Number of children treated	...	...	...	...	294
Diseharged, treatment completed	...	...	...	...	76
Treatment discontinued, various reasons	...	...	...	...	25
CLASSIFICATION OF DEFECTS:—					
1. Stammerers	...	...	...	...	70
2. Cluttering (Jumbled speech due to over rapid thought process)...	...	...	...	...	1
3. Dyslalias (faulty articulation)—					
(a) Multiple Dyslalia (enough sounds faulty to render speech incomprehensible)	...	...	...	...	46
(b) General Dyslalia (Language and speech generally affected)	...	...	...	...	11
(e) Simple Dyslalia (a few faulty sounds but not enough to render speech incomprehensible) as:—					
(i) Sigmatism (a) Lateral	...	...	...	...	20
(b) Interdental (lisp)	...	...	...	...	28
(e) Nasal	...	...	...	...	1
(ii) Defective "r", etc.	...	...	...	...	77
4. Cleft Palate	...	...	...	...	16
5. Dysphonia (defeetive voice)	...	...	...	...	4
6. Defects of neurological origin	...	...	...	...	5
7. Miscellaneous (some partially deaf, low I.Q.s, reading difficulties, etc.)	...	...	...	...	15
TOTAL	...	...	...	...	294

The Speech Therapists have jointly contributed the following note on some aspects of their work during the year:—

"As a supplement to the actual treatment of the children, the time spent in home visiting has provided invaluable information; it has not only given us an insight into the home environment, but has also enabled us to gain fuller co-operation from the parents.

"In the course of our work we are constantly reminded of the need for Special Schools, preferably in the County, both for physically handicapped and edueationally subnormal children. Our observations lead us to believe that this need would best be met by day special schools and classes, attendance at which would allow the children to escape the traumatic experience of being suddenly removed from their homes for residential special school education.

"During the year we have been impressed and greatly helped in our work by the co-operation and the patience shown by both head teachers and their staffs in those schools which we have visited."

8. Infectious and Contagious Diseases.

The incidence of infectious disease among school children remained low and the absence, for the third year in succession, of a single case of diphtheria shows ample justification for the campaign of immunisation against this disease. During the year 53 school children received primary immunisation and 1,803 received "booster" doses. The corresponding figures in 1948 were 299 and 415.

East Suffolk did not escape the widespread epidemic of infantile paralysis in the second half of the year. The majority of cases occurred in the Borough of Lowestoft, but seven children attending Elementary Schools in the County developed the disease. Of these, one, a boy aged 9 years, died, but all the others made very good recoveries.

		No. of Cases.	Attack Rate per 1,000.
Chicken-pox	...	437	21.85
Diphtheria	...	—	—
Influenza, colds	...	276	13.80
Measles	...	620	31.00
Mumps	...	758	37.90
Scarlet Fever	...	89	4.45
Whooping Cough	...	239	11.95
German Measles	...	23	1.15
Impetigo	...	29	1.45
Ringworm (skin)	...	2	0.10
Scabies	...	4	0.20
Jaundice	...	19	0.95

School Closures.—No closures took place on medical grounds.

9. Physical Training.

The Committee's Chief Organiser of Physical Education, Mr. H. Stott, reports as follows:—

The number of children reported to be in need of remedial exercises during 1949 was 159, an increase of 50 over the year 1948. The cases are summarised below, some children falling under two headings.

Flat feet and other foot conditions	...	101
Kyphosis	...	8
Lordosis	...	3
Slaek Posture	...	8
Pot Bellied	...	1
Seoliosis	...	6
Knock Knees	...	5
Round Shoulders	...	41

It is not considered that the increase of 50 cases over the previous year necessarily indicates deterioration in the physical condition of the school children. Variation in the standards set by the Medical Staff may account for such an increase. The number of "foot" cases increased from 32 in 1948 to 101 in 1949, but there was a decrease from 87 to 72 in the more serious conditions reported. "Foot" conditions, therefore, continue to remain high in the consideration of the physical education schemes recommended for general use in the schools.

The following tables show the distribution of the children according to (a) sex and (b) schools.

(a)	<i>Under 12 years.</i>	<i>Over 12 years.</i>	<i>Total.</i>
Boys ...	45	14	59
Girls ...	44	56	100
(b)	<i>School.</i>		<i>Number of cases.</i>
	County Grammar	... ...	62
	County Modern, Area and Full Standard		38
	Junior and Infants	... ...	59

In addition to the 159 cases reported in 1949 there were several children remaining under observation from the previous year and it is estimated that a minimum of 220 children received special consideration from the Organisers during the year. An endeavour was made to pay periodic visits to these children but as such visits must necessarily coincide with normal work in the schools it cannot be claimed that each child received the deserved amount of individual attention from the Organiser concerned. However, in all cases, the Head and Class Teacher, the teachers responsible for physical education and the parents in addition to the child were consulted and advised on the best action to take and the exercises most suitable to correct or improve the condition. It is considered that a serious attempt was made by the majority of these people which met with reasonable success. There appeared to be improvement in the help and co-operation from those concerned in removing contributory causes which, it is felt, are the most important aspects in many of these cases. Such co-operation and interest, particularly from the parents, was invaluable and encouraging.

In this brief report it is not possible to include details of the normal physical education in the schools, the most important aim of which is the prevention and correction of physical abnormalities. All schools include physical education in the curriculum but due to varying conditions and facilities it is not possible for the full range of recommended activities to be included except in certain fortunate cases, and of course there are degrees of effectiveness of the instruction given. This will remain until facilities at each school include the use of a good playground, a hall, a playing field, proximity to swimming facilities and competent instructors among the teachers at every school. During 1949 there was advancement in the facilities available. Playgrounds were improved in many schools, though many still remain in very poor condition. Halls were made available wherever possible and the rental of village halls was probably higher in 1949 than in previous years. The playing fields have much improved and 1949 offered better playing conditions than the schools have previously known. Swimming was not as successful as in former years, there was a drop in the number of schools participating and the number of children who received instruction was only 2,591 compared with 4,186 in 1948 and 4,312 in 1947. This unfortunate state of affairs was due entirely to facilities failing to come up to the required medical standard or to closure of Baths for repair.

The teachers, few of whom are specially qualified in physical education, were helpful throughout the year and deserve commendation for their efforts.

10. School Meals.

The following Table gives an indication of the growth of the School Meals Service during the last eight years.

Year.	Meals Supplied.	Average No. of children having meals daily.	Percentage of children having meals.
1942/43	1,212,700	7,450	59.2
1943/44	1,865,400	10,130	65.5
1944/45	2,254,600	11,440	62.4
1945/46	2,316,100	11,860	66.4
1946/47	2,378,800	12,680	68.4
1947/48	2,840,300	14,410	70.8
1948/49	2,854,000	13,780	67.0
1949/50	2,859,300	13,970	67.2

11. Provision of Milk for School Children.

The County Sanitary Officer, Mr. A. E. Chapman, reports as follows:—

The Milk in Schools Scheme continued during 1949 with a daily allowance of one third pint of milk for each child. This report covers the scheme in the 210 schools in the County (excluding Lowestoft) during that year. Returns made by Head Teachers on Form M.S.1 have provided some of the information.

The corresponding figures for 1948 are given in brackets alongside those for 1949.

1. Quantity of Milk Consumed.

TABLE I.

No. of Schools receiving milk	...	210	(209)
Children on rolls	...	20,749	(20,534)
Children taking milk	...	14,855	(15,247)
		71%	(74%)

All schools received a supply of liquid milk as a supply was obtained for Burgh Castle and Belton during the year. The number of children taking milk continued to decline.

2. Grades of Milk Approved.

TABLE II.

Designation.	No. of schools.	Percentage of all schools	No. 1/3rd pints daily.	Percentage of total supply.
Pasteurised	169 (157)	80.5 (75)	13,030 (12,107)	87.5 (79.4)
Tuberculin Tested	33 (37)	15.7 (17.8)	1,546 (2,607)	10.4 (17.1)
Undesignated	8 (15)	3.8 (7.2)	309 (533)	2.1 (3.5)

Persistent efforts to obtain Pasteurised or Tuberculin Tested supplies have resulted in a reduction in the number of schools receiving other milk from 60 in 1946 to 8 in 1949.

3. *Method of Delivery and Provision of Straws.*

TABLE III.

<i>Pasteurised.</i>		<i>No. 1/3rd pints daily.</i>	<i>No. of Schools daily.</i>		
(a) Bottled where Pasteurised	...	10,250	(9,101)	116	(103)
(b) Bottled by retailer who receives bulk supply	...	2,616	(2,850)	50	(49)
(c) Delivered to Schools in bulk	...	164	(156)	3	(4)
<i>Tuberculin Tested.</i>					
(a) Bottled where produced	...	500	(828)	11	(18)
(b) Bottled by retailer who receives bulk supply	...	694	(1,671)	11	(15)
(c) Delivered to schools in bulk	...	352	(108)	11	(4)
<i>Non-Designated.</i>					
(a) Bottled where produced	...	102	(143)	3	(5)
(b) Delivered to Schools in bulk	...	207	(390)	5	(10)
<i>Bottles.</i>					
No. of 1/3rd pints delivered daily	...	14,885	(15,247)		
No. of 1/3rd pints delivered in bottles		14,162	(14,593)		
<i>Straws.</i>					
No. of schools receiving milk	...	210	(208)		
No. of schools receiving straws	...	180	(161)		

More milk was supplied in bulk in 1949 than in the previous year. The absence of alternative dealers prevented progress in obtaining delivery in 1/3rd pint bottles, but new legislation may assist in this object.

There was again a definite increase in the number of schools where straws were provided by the dealers.

4. *Supervision of Supplies.*(a) *General.*

As a result of changes in supplies during the year affecting eleven schools, seven schools obtained Tuberculin Tested or Pasteurised milk instead of an undesignated supply. Seven dealers were approved as suppliers during the year.

(b) *Laboratory examination of samples.*

TABLE IV.

<i>Approved Supply.</i>		<i>No. of samples examined.</i>		<i>No. of samples failing tests.</i>		<i>No. Percentage.</i>
Pasteurised	...	... 45 (62)		*5 (17)	11	(27)
Tuberculin Tested		... 19 (26)		1 (5)	5	(19)
Non-Designated	...	... 9 (29)		0 (8)	0	(27)

*A further 8 samples showed the presence of coliform bacilli. The standard adopted for non-designated milk is the same as that for Tuberculin Tested.

The failure of samples of milk which were sold as "pasteurised" to pass the tests was due to post pasteurisation contamination or substitution of raw milk; all samples of milk which were bottled at the place of pasteurisation were satisfactory. Appropriate action was taken in each case to improve the supply.

(c) *Biological examination.*

Samples from fourteen raw milk supplies were submitted for biological examination; none of these was found to contain tubercle bacilli, but from one Brucella organisms were isolated. This latter supply was stopped and pasteurised milk made available.

(d) *Chemical Analysis.*

Analysis of 19 samples of milk delivered to schools showed that a genuine milk was being supplied in each instance.

12. Co-operation of Voluntary Bodies.*National Society for the Prevention of Cruelty to Children.*

The Inspectors of this Society have rendered valuable service during the year by visiting the homes of a number of children, advising parents and where necessary bringing pressure to bear to ensure that unnecessary suffering was avoided.

13. Handicapped Pupils.—The Handicapped Pupils and School Health Service Regulations, 1945, detail eleven categories of defects which require special educational treatment, and the following statistics indicate the progress that has been made in ascertaining and dealing with children who come within the scope of the Regulations. More detailed statistical information will be found in the Tables at the end of this Report.

Educationally Subnormal.—The following table shows the number of educationally subnormal children at present ascertained in the County, 6 of whom are at present in residential Special Schools.

Year	No. of Educationally Subnormal Children on Register at end of year. (Up to 16 yrs.)	No. of Children mentally tested during year	Classified as—			
			Requiring treatment in a Special School		Retarded only, not requiring special class at an ordinary School	Notified to Local Authority
			Res.	Day		
1948	232	176	18	15	28	101
1949	138	106	*27	—	8	51
						14 21

*Includes one boy transferred from another Authority.

Other Defects—

Total. At Special
ascertained. School.

Blind Pupils	...	...	...	5	5
Partially Blind Pupils	...	...	...	9	8
Deaf Pupils	...	...	...	16	10
Partially Deaf Pupils	...	...	...	2	1
Delicate Pupils	...	...	...	5	2
Diabetic Pupils	...	...	...	2	
Epileptic Pupils	...	...	...	4	3
Maladjusted Pupils	...	...	...	5	2
Physically Handicapped Pupils	...	...	...	16	2
Pupils suffering from Speech Defect	...	...	2		
Multiple Defects.					
Educationally Subnormal and Physically Handicapped	...	...	...	2	
Educationally Subnormal and Maladjusted				1	
Educationally Subnormal and Epileptic				1	

14. Full Time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Children.

The Committee have made awards in the undermentioned cases:—

Blind Students 1

The following was the position at the end of the year:—

Blind Awards :—

Students in training 3
 Students awaiting training Nil

Cripple Awards :—

Students in training 1
 Students awaiting training Nil

Deaf Awards : -

Students in training Nil
Students awaiting training Nil

15. Nursery Schools.

'There are at present no Nursery Schools in the County.'

**EAST SUFFOLK COUNTY EDUCATION COMMITTEE
MEDICAL INSPECTION RETURN, 1949.**

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups

Entrants	...	...	...	...	...	3,412
Second Age Group	...	...	...	...	...	1,929
Third Age Group	...	...	...	...	...	1,765
				Total	...	7,106

Number of other Periodic Inspections	...	...	...	—
		Grand Total	...	7,106

B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	150
Number of Re-Inspections	...	...	...	3,038
		Total	...	3,188

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

GROUP. (1)	For defective vision (exclud- ing squint). (2)	For any of the other conditions recorded in Table II.A. (3)	Total individual pupils. (4)
Entrants	65	227	207
Second Age Group	34	61	90
Third Age Group	42	56	84
Total (prescribed groups)	141	344	381
Other Periodic Inspec- tions	—	—	—
GRAND TOTAL	141	344	381

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1949.

NOTE:—All defects noted at medical inspection as requiring treatment are included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		Requiring treatment.	No. of Defects.	Requiring treatment.	No. of Defects.
			Requiring to be kept under ob- servation, but not re- quiring treatment.		Requiring to be kept under ob- servation, but not re- quiring treatment.
(1)	(2)	(3)	(4)	(5)	
4	Skin	8	42	—	2
5	Eyes—				
	(a) Vision ...	141	428	14	5
	(b) Squint	6	23	—	—
	(c) Other ...	3	33	—	1
6	Ears—				
	(a) Hearing	3	22	—	2
	(b) Otitis Media	9	41	—	2
	(c) Other ...	1	28	1	—
7	Nose and Throat	176	469	8	5
8	Speech ...	15	30	—	2
9	Cervical glands	1	111	—	—
10	Heart & Circulation	1	108	—	—
11	Lungs ...	4	114	—	4
12	Developmental—				
	(a) Hernia	5	12	—	—
	(b) Other ...	2	54	—	—
13	Orthopaedic—				
	(a) Posture	20	46	1	—
	(b) Flat Foot	21	99	1	1
	(c) Other ...	18	103	—	1
14	Nervous System—				
	(a) Epilepsy	—	7	—	—
	(b) Other ...	2	8	—	—
15	Psychological—				
	(a) Development	15	125	—	—
	(b) Stability	5	6	—	—
16	Other	10	123	1	2

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups.	No. of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	... 3,412	698	20.45	26,16	76.67	98	2.87
Second Age Group	1,929	470	24.36	1,406	72.88	53	2.74
Third Age Group ...	1,765	579	32.80	1,156	65.49	30	1.69
Other Periodic Inspections ...	—	—	—	—	—	—	—
Total ...	... 7,106	1,747	24.58	5,178	72.86	181	2.54

TABLE III.
INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	... ... ...	53,281
(ii) Total number of <i>individual</i> pupils found to be infested	... 351	
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)		—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	... 2	—

TABLE IV.

TREATMENT TABLES.

Notes.

(a) The Tables deal with all defects during the year, however they were brought to the Authority's notice, *i.e.* whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Owing to the difficulty of distinguishing between cases treated under the Authority's schemes and those treated otherwise, the treatment tables (excluding dental) include all cases known to the Authority to have received treatment, whether at the Authority's clinics or elsewhere.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE III).

(a)	<i>Number of Defects treated, or under treatment during the year.</i>					
SKIN—						
Ringworm—Sealp—						
(i) X-Ray treatment	...	...	...	...	...	—
(ii) Other treatment	...	...	...	...	...	—
Ringworm—Body	...	...	...	...	...	—
Seabies	...	...	...	...	...	3
Impetigo	...	...	...	...	...	—
Other skin diseases	...	...	...	...	...	5
Eye Disease	...	...	...	...	...	3
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).						
Ear Defects	...	...	...	...	...	11
Miscellaneous	...	...	...	...	...	—
(<i>e.g.</i> minor injuries, bruises, sores, chilblains, etc.)						
	Total					
	...					
	22					

(b) Total number of attendees at Authority's minor ailments clinics

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I.)

	<i>No. of defects dealt with.</i>
ERRORS OF REFRACTION (including squint).	...
Other defect or disease of the eyes (excluding those recorded in Group I). ...	...
Total	...
	STATISTICS
No. of Pupils for whom spectacles were	(a) Prescribed ...
	(b) Obtained ...
	AVAILABLE

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT

			Total number treated.
Received operative treatment:			
(a) for adenoids and chronic tonsillitis ...	...	...	90
(b) for other nose and throat conditions...	...	...	—
Received other forms of treatment ...	...	...	—
	Total	...	90

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools 4
 (b) No. treated otherwise e.g. in clinics or outpatient departments ... 123

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers—						
(a) Periodic age groups	...	...	...	...	...	11,694
(b) Specials	...	...	...	...	...	40
(c) TOTAL (Periodic and Specials)						11,734
(2) Number found to require treatment	...	...	...	...	...	7,352
(3) Number actually treated	...	...	...	...	...	7,472
(4) Attendances made by pupils for treatment	...	...	...	...	...	9,177
(5) Half-days devoted to:	(a) Inspection...	...	...	...	...	121
	(b) Treatment...	...	...	...	...	1,019
	Total (a) and (b)					1,140
(6) Fillings:	Permanent Teeth	...	...	...	...	4,575
	Temporary Teeth	...	...	...	...	1,060
	Total	...	...	...	...	5,635
(7) Extractions:	Permanent Teeth	...	...	...	...	696
	Temporary Teeth	...	...	...	...	6,717
	Total	...	...	...	...	7,413
(8) Administration of general anaesthetics for extraction	...	...	...	...	...	84
(9) Other Operations:	(a) Permanent Teeth	...	...	...	...	1,142
	(b) Temporary Teeth	...	...	...	...	1,108
	Total (a) and (b)					2,250

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

	(1) Blind. (2) Partially sighted.	(3) Deaf. (4) Partially deaf.	(5) Delicate (6) Physically handicapped.	(7) Educa- tionally sub- normal. (8) Mal- adjusted.	(9) Epi- leptic.	Total 1-9				
In the calendar year:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Homes ...	—	3	3	—	1	1	6	2	1	17
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes ...	—	2	5	1	—	3	28	3	—	42

Number of children reported during the calendar year under Section 57(3), 21; and under Section 57(4) Nil, of the Education Act, 1944.

BOROUGH OF LOWESTOFT.
(EXCEPTED DISTRICT).

The following report on the work of the School Health Service during 1949 has been prepared by Dr. A. C. Gee, School Medical Officer for Lowestoft.

"The absence of a school medical officer for a period of several months prior to my commencing duty with the Lowestoft Committee for Education at the beginning of the year, resulted in there being a considerable amount of leeway to make up with regard to periodic medical inspections.

The recent large numbers of entrants into the Primary Schools increased further the difficulty of bringing the routine medical inspections up to date and in view of the shortage of both medical and nursing staff at the beginning of the year it was decided to concentrate on the entrants and second-age group pupils in an endeavour to complete and get up to date the medical inspection of those children who would be under the care of the school health service for the longest period.

It will be seen from Table I. (A) that 969 entrants received their first medical examination within a month or so of entering school and 456 second-age group pupils were inspected, which brought up to date the routine inspection of all second-age group pupils. It was not possible to undertake the routine inspection of any third-age group pupils during 1949, but it will be possible to bring this group up to date during 1950.

Of the defects found at routine school medical inspection, defects of vision and defects of the nose and throat—mostly chronic infection of the tonsils and adenoids—head the list.

Defects of vision are referred for treatment to the Supplementary Service, arrangements having been made for one of their specialists to give part-time service to the Education Authority.

Cases for tonsillectomy are referred to the Regional Hospital Board and are dealt with by their E.N.T. Surgeons.

Due to the increasing numbers of cases found by routine inspection, the number of pupils awaiting ophthalmic appointments increased sharply towards the end of the year, and it will become necessary to make further arrangements with the Ophthalmic Services if the work is to be covered adequately. On the other hand the list of pupils awaiting tonsillectomy is at present being covered satisfactorily.

The position in regard to infestation with vermin can be regarded as tolerably satisfactory though there is still room for an improvement. The 416 pupils found to be infested during the year represents one in fourteen of the school population; the corresponding figure for the country as a whole

being one in twelve. Special attention has been paid to this problem by school nurses, teachers and school medical officers and it is hoped by continued persuasion and education to reduce this figure still further during the coming year. The fact that nearly 14,000 examinations for infestation were made by the school nurses is indicative of the determined effort which is being made by the department to control this problem.

It was not found necessary to issue any cleansing orders as after interview by the school medical officers with the parents concerned in the worst cases a considerable—if only temporary—improvement was obtained in every case.

Special mention should be made of the work done by the Speech Therapist which does not get the publicity it deserves. Miss Hoyle is only able to devote part-time to Lowestoft cases, but has been able to treat 42 pupils by using the modern methods now adopted for treating this defect. Progress has been reported in the greater proportion of cases.

At the beginning of the year the school dental service was virtually at a standstill. We were fortunate in securing the services of a local dental practitioner in May who devoted two sessions a week to treating cases of an urgent nature.

We were still more fortunate in securing the services of Miss V. Sim in July, when she joined the department as school dental officer.

The fact that local dental practitioners have remained outside the National Health Service Dental Scheme has added greatly to the commitments of this School Dental Service as numbers of children of both school and pre-school age come to the School Clinics seeking dental treatment, which their parents cannot afford to obtain elsewhere.

We are extremely fortunate in the borough in having a Dental Service which is run efficiently, but no matter how efficient this service may be it will be quite unable to catch up with the amount of work waiting to be done for some long time to come. It is very unfortunate that the one service which could do more than anything else to decrease the amount of dental disease in the future population of the country as a whole should have been stripped of personnel by the attraction offered to dental surgeons of far higher remuneration elsewhere.

Table II. (B) contains some interesting figures on the general condition of the pupils inspected during the year.

22.1 per cent of the pupils were classified as being of the highest standard of health. Whilst 4.74 per cent. of the entrants were in the lowest category, only 1.75 per cent. of the second-age group came within this category, which speaks well for the value of the Health Services, School Meals, Milk, etc., provided by the Committee for Education."

1. STAFF.

Borough School Medical Officer:

Arthur C. Gee, M.R.C.S., L.R.C.P., D.P.H.

Deputy School Medical Officer:

Isabella Sim, M.B., Ch.B., D.P.H.

Assistant School Medical Officers:

None.

The aggregate of time given to School Health Service work is equivalent to the services of one full-time Officer.

Psychiatrist: G. S. Clouston, M.D., D.P.M., C.P.H., resigned 31/8/49. Present arrangements the same as for the County Area.

Speech Therapist: Miss M. A. Hoyle.

School Dental Officers:

Miss V. Sim, L.D.S.

Miss Janet W. Hepburn, L.D.S.

County Nursing Officer: Miss E. Stephenson.

School Nurses:

Miss W. Large.

Miss M. Shipperbottom.

Miss R. V. Stiles.

Miss D. Guest.

Miss M. Guest.

The aggregate of time given to School Health Service work is equivalent to the services of $2\frac{1}{4}$ full time School Nurses.

Dental Attendants:

Miss D. Rackham.

Miss D. Rudd.

2. STATISTICS.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants ...	...	...	...	...	969
Second Age Group	...	...	...	...	456
Third Age Group ...	...	...	...	...	—
					—
			Total ...	...	1,425
					—
Number of other Periodic Inspections	...	...	...	...	—
					—
		Grand Total	...	...	1,425
					—

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	10
Number of Re-Inspections	...	...	...	205
				—
		Total ...	...	215
				—

C.—PUPILS FOUND TO REQUIRE TREATMENT.

GROUP. (1)	For defective vision (exclud- ing squint). (2)	For any of the other conditions recorded in Table II.A. (3)	Total individual pupils. (4)
Entrants ...	5	46	49
Second Age Group	23	23	44
Third Age Group	—	—	—
Total (prescribed groups) ...	28	69	93
Other periodic inspections ...	—	—	—
GRAND TOTAL ...	28	69	93

TABLE II.

A.—RETURN OF DEFECTS.

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
4	Skin	6	6	—	1
5	Eyes—				
	(a) Vision	28	45	1	1
	(b) Squint	4	17	—	—
	(c) Other	2	1	1	—
6	Ears—				
	(a) Hearing	—	3	—	—
	(b) Otitis Media	—	3	—	—
	(e) Other	1	110	—	—
7	Nose and Throat	34	104	2	—
8	Speech	2	8	—	—
9	Cervical glands	—	14	—	—
10	Heart and Circulation	—	10	—	1
11	Lungs	1	18	—	—
12	Developmental—				
	(a) Hernia	1	2	—	—
	(b) Other	—	18	—	—
13	Orthopaedie—				
	(a) Posture	3	—	—	—
	(b) Flat Foot	11	13	—	—
	(e) Other	4	61	1	—
14	Nervous System—				
	(a) Epilepsy	1	3	—	—
	(b) Other	—	24	—	—
15	Psychological—				
	(a) Developmental	—	—	—	—
	(b) Stability	—	2	—	—
16	Other	—	5	—	2

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups.	No. of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
		No.	% of eol. 2.	No.	% of col. 2.	No.	% of eol. 2.
(1) Entrants ...	(2) 969	(3) 205	(4) 21.1	(5) 718	(6) 74.1	(7) 46	(8) 4.74
Second Age Group	456	111	24.1	337	81.1	8	1.75
Third Age Group	—	—	—	—	—	—	—
Other Periodic Inspections ...	—	—	—	—	—	—	—
TOTAL ...	1,425	316	22.1	1,055	74.03	54	3.90

TABLE III.

INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons ...	...	...	13,988
(ii)	Total number of individual pupils found to be infested ...			416
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)			—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)			—

TABLE IV.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS,
FOR WHICH SEE TABLE III).

(a)					<i>Number of Defects treated or under treatment during the year.</i>
SKIN—					
Ringworm—Scalp—					
(i) X-Ray treatment	...	...	...	...	—
(ii) Other treatment	...	...	...	...	—
Ringworm—Body	...	...	...	...	3
Scabies	...	...	...	...	15
Impetigo	...	...	...	...	22
Other skin diseases	...	...	...	...	143
Eye Disease—					
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	...	...	...	...	91
Ear Defects	...	...	...	...	35
Miscellaneous					
(e.g., minor injuries, bruises, sores, chilblains, etc.)	...	...	...	...	322
Total ...	...	...	...	...	631

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I.)

	<i>No. of defects dealt with.</i>			
ERRORS OF REFRACTION (including squint)	...	...	...	125
Other defect or disease of the eyes	...	...	...	—
				—
	Total	...	...	125
				—

No. of pupils for whom spectacles were—

(a) Prescribed	...	...	...	...	87
(b) Obtained	...	...	...	...	85

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	<i>Total number treated.</i>			
Received operative treatment—	...	...	...
(a) for adenoids and chronic tonsillitis	...	...	...	148
(b) for other nose and throat conditions	...	...	...	6
Received other forms of treatment	...	...	...	—
				—
	Total	...	...	154
				—

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools	14
(b) No. treated otherwise, e.g., in clinics or out-patient departments	...

... 41

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated—

(a) under Child Guidance arrangements	...	...	...	20
(b) under Speech Therapy arrangements	...	...	...	42

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by Authority's Dental Officers:—					
(a) Periodic age groups	...	...	...	...	1,021
(b) Specials	...	...	...	...	495
(c) TOTAL (Periodic and Specials)	...	...	...	...	1,516
(2) Number found to require treatment	...	...	...	...	1,072
(3) Number actually treated	...	...	...	...	911
(4) Attendances made by pupils for treatment	...	...	...	...	1,322
(5) Half-days devoted to: (a) Inspection	...	...	...	...	11
(b) Treatment	...	...	...	...	227
	Total (a) and (b)				238
(6) Fillings:					
	Permanent Teeth	...	...	...	542
	Temporary Teeth	...	...	...	129
	Total	...	...	...	671
(7) Extractions:					
	Permanent Teeth	...	...	...	115
	Temporary Teeth	...	...	...	1,160
	Total	...	...	...	1,275
Administration of general anaesthetics for extraction	...	...	...	...	654
Other operations:					
	Permanent Teeth	...	...	...	89
	Temporary Teeth	...	...	...	91
	Total	...	...	...	180

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

	(1) Blind. (2) Partially sighted.	(3) Deaf. (4) Partially deaf.	(5) Delicate (6) Physically handicapped.	(7) Educa- tionally sub- normal. (8) Mal- adjusted.	(9) Epi- leptic.	Total 1-9				
In the calendar year:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Homes ...	1	—	1	1	—	—	2	—	—	5
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes ...	—	2	—	—	—	1	1	1	—	5

Number of children reported during the Calendar year under Section 57(3), 3, and under Section 57(4), Nil, of the Education Act, 1944.

EAST SUFFOLK COUNTY EDUCATION
COMMITTEE.



ANNUAL REPORT
OF THE
School Medical Officer

1949
